May 1993

Clinical Center News

In this issue:

Physicians rate Clinical Center services

Calling its "brain bank" and research apparatus the Clinical Center's greatest strengths, physicians are satisfied with services here, according to a survey of NIH medical staff.

The institution's greatest weakness, the survey indicated, is its bureaucracy. Nearly a quarter of the 519 doctors queried about Clinical Center services specified red tape as a major headache.

The physician survey is one of three customer surveys the Clinical Center has commissioned as part of the CC's total quality management effort, explained P.J. Maddox, deputy director for nursing and the survey's project champion.

Doctors from all institutes, subspecialties, and levels were selected to participate in this random survey conducted by phone last spring.

"This survey showed us that most of the physicians who use the Clinical Center think it's a very special facility. They see staff as highly motivated to do well by the patient and the physician."

The survey asked for physicians' opinions on how the Clinical Center does business in three main areas—medical services, nursing, and ancillary and administrative support.

More than 80 percent are satisfied with the Clinical Center's overall performance. "Individual dissatisfaction expressed was very specific to particular services or functions," Maddox said.

In the area of medical services, some 90 percent of the physicians are satisfied with the Critical Care Medicine Department and the Department of Transfusion Medicine.

Those responding want to see improved availability of gynecologic, orthopedic, and pediatric consult services. One in four doctors who rated pediatrics said support services need expanding.

"This survey showed that physicians who rated a service as 'excellent' tended to identify it as easy to obtain," Maddox noted. "Services that were described as 'problematic' were also identified as difficult to obtain."

The Nursing Department received high marks in the survey, too. "Those responding are extremely satisfied overall with nursing services in inpatient and outpatient areas," Maddox said, noting that nursing was identified as one of the Clinical Center's biggest strengths.

Physicians think that nursing staff need to better support research efforts. "We need to look more closely at how nurses assist physician research now and how individual researchers expect nurses to work with them," Maddox added.

Topping the list of support services physicians want to see

(Continued on the back page)

Nursing initiatives affect management, research

by Kathryn McKeon
Associate Director for Nursing

As the Nursing Department prepares to observe National Nurses Week on May 6-12 and conduct its annual meeting on May 17, I'd like to share insights into two significant initiatives in our department.

One deals with how we work together; the other focuses on how we explore improved methods of practice. Both serve to strengthen our primary and unwavering commitment—to provide the highest quality patient care.

Shared governance is a system of management under which our department operates. It is a dramatic departure from more traditional, boardroom-based management systems in which decisions and directions flow from the top down. Shared governance is a collective, collaborative system. Each nurse, whether as educator, clinical staff nurse, administrator, or researcher, has an interest and voice in setting standards of nursing practice here. Those standards are the framework in which we function as part of the healthcare team. The boardroom becomes, in a sense, anywhere the nurse practices.

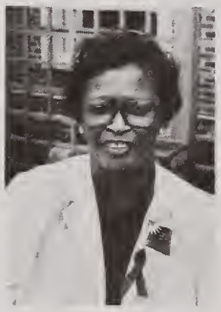
Complementing the CC's total quality management philosophy and using many of TQM's tools, shared governance facilitates communication and flexibility in responding to rapidly changing needs.

Another initiative is the expansion of the department's research efforts through implementation of the unit-based research program, which is directed toward systematically evaluating the care we provide our patients. Its focus on the team effort mirrors the collaborative aspect of shared governance. Our network of clinical nurse specialists with postgraduate research expertise mentor the principal and associate investigators, the clinical staff nurses. This approach assures team participation with strong clinical involvement in developing and implementing research projects. A solid scientific basis for nursing practice is crucial to high-quality, cost-effective healthcare.

Just as there is no hospital like the Clinical Center, there is no other nursing department like ours. Our staff members are highly educated, profoundly motivated, and deeply committed. Our ultimate goal—to provide exceptional care for our patients—depends on these essential qualities.

query

Since April 15, smoking is permitted only on the sun deck. *CCNews* wanted to know how that new rule has been received by smokers and non-smokers alike.



Bea Powell
Clinical Pathology
"I think it's nice, but it (the deck) needs a canopy over the top. It's too far to walk from this end of the building."

Jim Kish
NIH-OD
"I'm sorry to see it (the sun deck) has become a smokers' haven, but as long as it's outside, I don't object."

Michelle Wolf
NIAID
"I don't know how close to the building you're allowed to smoke. This is a nice step they've made."

Mark Garner
NICHD
"I think it's great. It was like a gas chamber when the benches (outside radiology) were filled with smokers."

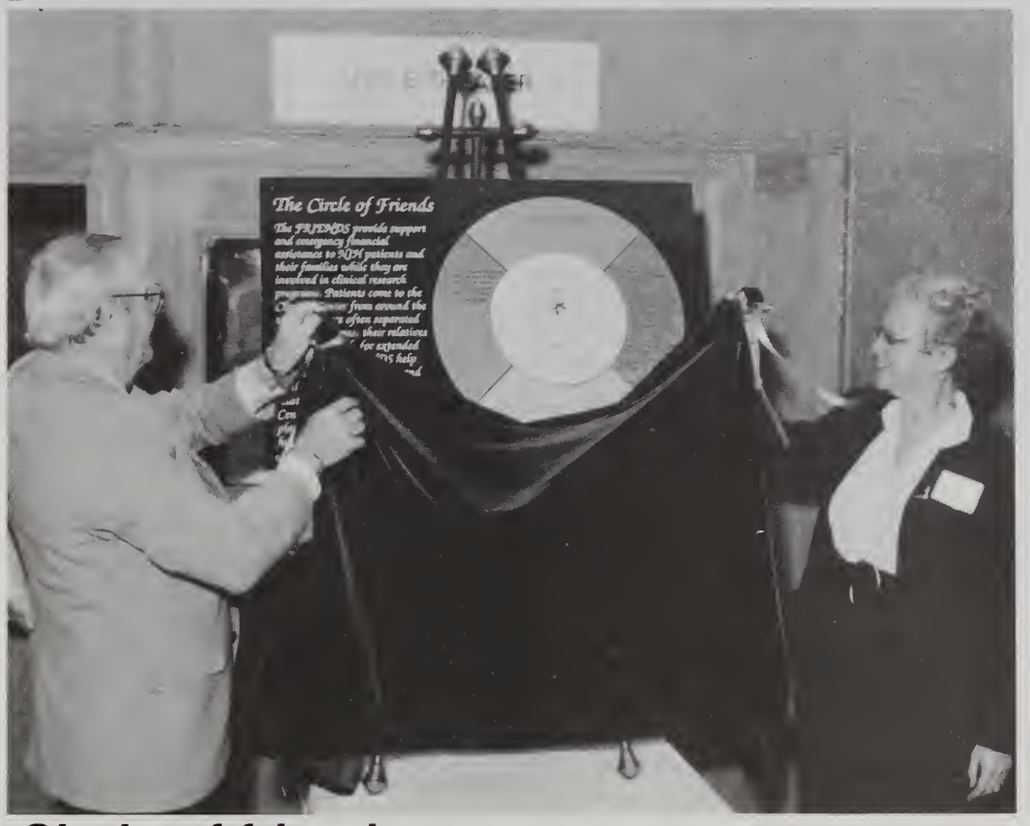
CC News

Editor: Sara Rand Byars

Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters, and photographs are encouraged and can be submitted to Bldg. 10, room 1C255, or by calling 496-2563. You may also contact your department's *CC News* liaison.

Deadline for submission is the second Monday of each month. If possible, submit your article on a Macintosh disk (Microsoft Word preferred).



Circle of friends

Mr. and Mrs. David Mitchell unveiled the plaque for benefactors during last month's Friends of the Clinical Center (FOCC) reception for supporters. The plaque—a gift of the Mitchells—depicts the circle of friends who have made significant donations to the organization. Jan Weymouth, the group's president, noted that the plaque allows permanent, public recognition of supporters for the first time. It will hang in the Clinical Center's main lobby. FOCC, a private, nonprofit charitable organization, provides emergency financial assistance to NIH patients and their families.

Nutrition department welcomes interns

The Department of Nutrition's new Dietetic Internship Program has received accreditation by the American Dietetic Association (ADA) and the first three interns, Lisa Gallagher, Karen Johnson, and Ann Lewis, began the 45-week program March 1.

Designed to be general in nature, the program's unique focus is its strong emphasis on research and total quality management. Program graduates go on to take the registration exam for dietitians.

Alberta Bourn, department chief, charged staff a year ago to develop the best internship on the East Coast. Elaine Ayres, director of the internship program, and Pamela Brye, training and education specialist, initiated the lengthy process of completing a self-study to secure accreditation.

Three more interns will begin the program in September.

briefs

Nurses convene for annual meeting

Clinical Center nurses will gather for their annual meeting on May 17, 2:30 p.m., in Masur Auditorium.

Highlights will include announcement of the department's award recipients, presentation of the annual report, and a video on a day in the life of a Clinical Center nurse. A reception follows.

Professional poster presentations will be on display that day outside Masur Auditorium, Lipsett Amphitheater, and the Visitor Information Center.

The annual meeting caps Clinical Center observances of National Nurses Week, May 6-12.

Donors appreciated

It's back to the '50s as the Blood Donor Center, Department of Transfusion Medicine, honors its donors with a roll back in time in Masur Auditorium, May 21, at 11 a.m. Dr. Anthony Fauci as guest speaker and a skit from the 1950s are on tap. A reception with a live band follows.

But don't wait to call the Blood Donor Center, 496-1048, for an appointment to donate blood. They're open Monday-Friday, 7:30 a.m. to 3:30 p.m., and close Tuesday at 12:30 p.m.

June classes slated

A lunch-time discussion program set for June 18, noon to 1 p.m., in room 2C310, gives supervisors a chance to share information.

Conflict resolution is the topic of a seminar to develop skills in managing quality improvement efforts. It is set for June 2, 8:30 to 9:30 a.m., in room 2C116; June 8, 3 to 4 p.m., in room 2C310; and June 9, noon to 1 p.m., in room 1C520.

The education and training section sponsors both programs. Call 496-1618 to register.

Helping patients and staff make hard decisions about healthcare is a Clinical Center goal. Among those involved in planning programs are (from left) Frederick Ognibene, senior investigator, critical care medicine; John Schumacher, bioethics; Eileen Dimond, clinical nurse specialist, cancer nursing service; Patricia Kvochak, deputy NIH legal advisor; and Barbara Corey, cancer nursing service head nurse and Advance Directives Working Group chairperson.

Plan ahead for healthcare decisions

Editor's note: The advance directives panel of the Clinical Center bioethics and educational services programs prepared these questions and answers for *CCNews*.

Q. What is an advance directive?

A. An advance directive is a statement that addresses your wishes for medical care in case you become unable to express these wishes yourself. A living will and durable power of attorney for healthcare are common examples of advance directives. An advance directive can be changed or cancelled at any time—it's completely flexible.

Advance directives cover such life-sustaining procedures as receiving CPR (cardiopulmonary resuscitation), being placed on a machine that breathes for you, and receiving fluids and food through tubes.

Q. What is a living will?

A. It's a legal document that states, generally, you reject life-sustaining treatments and procedures if you are terminally ill. A living will goes into effect only if you can no longer make your wishes known and you are terminally ill (death is close). In some states, it goes into effect if you are in an irreversible coma.

Q. What is a durable power of attorney for healthcare?

A. It allows you to designate a person—known as an agent or proxy—to make decisions about life-sustaining treatments and procedures on your behalf if you can no longer do it.

Q. Who needs advance directives for healthcare?

A. We all do. Let your family or friends know what your wishes are. An illness or accident can happen any time. If you don't tell family and friends how you feel about your healthcare, who will decide and on what information will they base their decisions?

Q. What is the impact of an advance directive on my loved ones?

A. It involves them in thinking and planning with you about healthcare decisions. It encourages conversation and opens communication.

Q. What special problems do doctors have with either the durable power of attorney or the living will?

A. Physicians typically prefer advance directives be put into the form of a durable power of attorney. That allows interaction with a person—not a piece of paper—as a participant in medical decision making.

For a durable power of attorney to be most effective, make sure your agent or proxy fully understands and appreciates your terms and wishes for treatment or procedures. It is prudent to discuss it before competency is an issue.

The major problem with living

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wills is that they are generally legitimate documents only when a person's illness is terminal or irreversible. A person in a coma, although not in a terminal condition, can't make healthcare decisions. In such cases and in some states, a living will, if it's the only advance directive filed, doesn't have to be followed. Another problem is that the terms of living wills frequently may be vague.

Q. When could a doctor legitimately not follow the wishes of the proxy or agent appointed as the durable power of attorney?

A. If a physician or other health professional feels that a proxy or agent is not making medically prudent decisions or questions that person's motives, then the wishes of the appointed proxy or agent do not have to be followed. When such conflicts arise, an objective third party—an attorney or bioethicist, for example—may be brought in to try to resolve the conflict.

Q. What is the legal status of an advance directive? Is a hospital or physician obligated to follow it?

A. Most states legally recognize some form of advance directive. A patient's expressed wishes generally will be honored even in states not recognizing advance directives.

Q. Do I need a lawyer to execute advance directives?

A. It's not necessary, but you may want to consult a lawyer if there's anything you don't understand about the forms or how to put them into effect.

Q. What happens if I execute an advance directive under Maryland law and either move to Florida or get sick on vacation there?

A. State laws vary on honoring another state's advance directives. If you change your state of residence, execute an advance directive in the new one.

Members of the advance directives panel are Frederick Bonkovsky, acting chief, bioethics program; Eileen Dimond, clinical nurse specialist, cancer nursing service; Patricia Kvochak, deputy NIH legal advisor; and Frederick Ognibene, senior investigator, critical care medicine. Stacey Bauman, employee development assistant, and Rona Buchbinder, employee development specialist, provided coordination for this article.

The panel acknowledges the leadership and technical assistance provided by Barbara Corey, head nurse on the cancer nursing service and chairperson of the CC Advance Directives Working Group, and John Schumacher, CC bioethics program.

details

Clinical Center program on issue's leading edge

It has been nearly two years since Congress mandated that hospitals whose services are reimbursed by tax dollars tell patients about their right to choose or refuse medical treatment. The Clinical Center's Advance Directives Working Group's mission was to determine the best way to share this information.

"We've had a better success rate than most hospitals in doing this," said Frederick Bonkovsky, acting chief of CC's bioethics program.

Frederick Bonkovsky, acting chief of the bioethics program.

Why is it working here? Because of both the patients and the process, Bonkovsky says. "Our patients are quite involved in their care and thoughtful about it. And, we are doing it the right way."

The system is simple. Admissions representatives ask entering patients if they'd like more information about being more involved in decision making about their care. If the answer is 'yes,' the patient is matched with a specially trained counselor to talk about the issues such as those addressed in the question and answer feature above. "Some 40 percent of our patients who inquire enact advance directives," he says.

Bottom line, Bonkovsky adds, is that the patient is and should be a major player and important decision maker in healthcare. "That's what we are putting into practice here and why the Clinical Center is on the leading edge of this issue."

New name reflects new role for 'people' people

The Office of Management Support Services is now the Office of Human Resources Management (HRM).

That new name reflects a change in the office's role in the Clinical Center, according to Tom Reed, office director. "The new title is more reflective of our role in the organization as advisors on human resources matters," Reed said, "and it is in keeping with our role as professionals in the field of human resources."

Other changes in the office include the official establishment of the personnel operations section headed by Sue Fishbein and Lynn Hellinger, associate personnel officers.

The educational services office is now the education and training section. That section is led by Karen Pascal.

The special initiatives group is now the special initiatives and planning section (SIPS). Rona Buchbinder joins this section. "She will assume new responsibilities in moving the Clinical Center forward on key elements of the human resources management strategic plan. This involves management and organizational development as well as maintaining her significant involvement with our QT efforts," Reed said.

Elizabeth Sands will remain SIPS point person on strategic planning, and Jane Thurber will continue to handle Title 38 authorities for special payments.

Driving forces

Sharing the driver's seat on the NIH fire truck were (from left) brothers Colby and Rick Harrington, and Lindsay Cushingberry. The special tour was part of March 21-27 Clinical Center observances of Children and Hospitals Week. The events—demonstrating the center's commitment to caring—included a multi-disciplinary exhibit, a party and magic show, and visits from celebrities like Ronald McDonald, Hoops, the Washington Bullet's mascot, MIX 107.3 disc jockey George Mason, and McGruff the crime prevention dog. Co-chairing the week's events were Kristin Johnsen and Stephanie Bordenick.

Clinical Center screenings target high blood pressure, a silent killer

High blood pressure is a silent killer. It can lead to heart attacks, strokes, or kidney failure. Have yours checked this month compliments of the NIH Occupational Medical Service (OMS) safety division.

OMS will conduct a blood pressure screening for Clinical Center employees May 3, 6, 10, and 13. They'll be in room 6C306 from 7:30 a.m. to 9 p.m. Housekeeping staff can stop by room B1D25 May 10 from 2 p.m. to 4 p.m.

This is the 19th year May has been designated as National High Blood Pressure Month. "Many people have high blood pressure and don't know it," said Dr. James Schmitt, OMS safety division director. "One in four adult Americans and one in three African Americans have high blood pressure." It can be controlled, he noted, if discovered and treated.

"The screening sessions are an opportunity to learn if you have high blood pressure and help you have a longer, healthier life," Dr. Schmitt added. Other dates and times will be available. Call OMS at 496-4411 for details.

Teamwork, commitment mark couple's career

He came to the Clinical Center in 1956. She joined the staff here two years later. They worked shoulder-to-shoulder in clinical pathology's microbiology service. And now Dr. Charles "Chuck" Zierdt and Dene Zierdt are retiring.

Their teamwork has been a positive experience both personally and professionally. "There are only advantages to working together when there is a mutual respect and consideration for each other," Chuck said, "when both have an absorbing interest in the project, when both have unselfish desires to contribute to the advancement of the project."

The couple married in 1967. "After nine years of working together on research projects, a relationship of mutual respect and trusting friendship grew into love for each other," said Chuck.

"During the nine years of research with Chuck, I learned to appreciate how to channel one's goals in a dedicated, exciting path," said Dene.

Their years here have been productive ones. Chuck has taught the Foundation for Advanced Education in the Sciences introductory microbiology course for 16 years. Besides Dene's collaborative research efforts with her husband, she's supervised the microbiology service's parasitology lab for 25 years. During their tenure the two have opened their labs—and career doors—to more than 250 high school and college students.

They've also traveled to China and Kenya to share parasitology identification techniques. Both noted, "We saw medical laboratory work performed as it was performed 70 years ago. We felt that our exchange of information was of value to those wonderful people."

Chuck and Dene Zierdt will retire from clinical pathology this month. The photo on the right was taken in front of the Clinical Center in 1961.

Chuck's major research included work with reclassification of *Blastocystis hominis* from yeast to protozoa and evaluating its structure. This parasite is now recognized and reported around the world. His typing of bacteria has helped track the source of infections at the Clinical Center and other hospitals. Dene developed a fecal concentrator for ova and parasite exams—the fecal parasite concentrator—which is marketed worldwide. Between them, they've published, together and separately, 118 scientific papers.

Beyond their collective commitment to their work, they'll be missed for the personal touches they've brought to the labs. Every season meant a bouquet from their garden. Each birthday brought a cake from their kitchen.

This couple won't be retiring to a rocking chair. Chuck will continue his hobby, restoring antique cars. Gardening, crafts, writing, grandchildren, and great-grandchildren will keep them both occupied.

The couple, who retire at the end of May, send this message to their co-workers:

"We loved working for a so highly respected research center and the professional associations that have developed throughout the years. The people we have met, worked with, and all the many friends through the years have meant very much to us. The microbiology service has been like our own big, close family who have sustained us in our work ambitions and also in our personal sorrows and tribulations. We have loved the feeling of teamwork we have always felt here."

—Yvonne Shea

(Shea is a medical technologist in clinical pathology's microbiology service.)

...brain bank, research capabilities top survey's list

(Continued from page 1)

improved is the Medical Information System (MIS). Only 40 percent of the physicians responding are satisfied with that system. Survey comments included: "Make MIS quicker to use," and "Upgrade it to improve access to patients' past records."

The Clinical Center's administration could be improved by streamlining red tape and bureaucracy, according to survey comments. "Many findings were consistent with views of the Clinical Center we regularly struggle with," said Maddox.

"Other findings brought out areas of concern we would have not known about otherwise." For example, she noted, "physicians are concerned about increasing capabilities for postoperative pain management," Maddox said. "That's a comment we hadn't heard before."

Doctors from all institutes, subspecialties, and levels were selected to participate in this random survey conducted by phone last spring. The sample was structured to reflect each institute's size on the Clinical Center medical staff. Only doctors who had used Clinical Center services in the previous 12 months were included.

The benefit of an opinion survey such as this one, explained Maddox, is that it thins the forest. "We now have a good idea of what we are doing right and can focus on the areas we need more data on," she said.

"The physician review board will assign a priority to the issues raised by the survey and the most important areas of concern will be the focus of our QT efforts over the next two years," Maddox said. "Then we'll re-survey to make sure we fixed the problems."

The first survey that was commissioned targeted employees. More than 80 percent of CC workers responded to that survey last year, Maddox said. The final survey will be directed to patients.

For details on the survey, contact Maddox at 496-0441. For more information on QT projects as they are developed, call Steven Galen at 496-7725.

—by Sara Byars

may

5 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater
Towards a Second Generation Vaccine for Therapy of Lymphoma, Larry Kwak, M.D., Ph.D., NCI; *Clinical Assessment of the Obese Patient,* Andrew Greenberg, M.D., NIDDK

12 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater
Strategies to Increase Height in Children, Fernando Cassorla, M.D., NICHD; *Commonalities Between Affective Disorders and Substance Abuse,* Loring Ingraham, Ph.D., NIMH

12 **NIH Lecture**
3-4 p.m.
Masur Auditorium
Self Recognition: Recent Insights into the Deepest Puzzle in Immunology, Sir Gustav Nossal, M.D., Ph.D., The Walter and Eliza Hall Institute of Medical Research, The University of Melbourne, Australia

19 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater
Novel Regulation of a Factor Regulating Initiation of Protein Synthesis, Brian Safer, M.D., Ph.D., NHLBI; *The Abuse of High Tech Imaging—Two Examples from Endocrinology,* John Doppman, M.D., CC

19 **R.E. Dyer Lecture**
3-4 p.m.
Masur Auditorium
Immunopathogenic Mechanisms of HIV Infection, Anthony Fauci, M.D., Director, NIAID

26 **Clinical Staff Conference**
12 noon-1:30 p.m.
Lipsett Amphitheater
Asthma, Robert Goldstein, M.D., NIAID, Moderator